

L16000/28520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

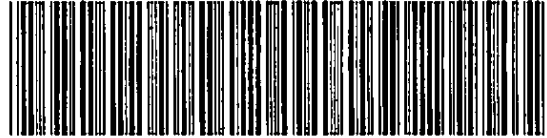
(Business Entity Name)

(Document Number)

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18 MAR 19 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BODY AND SOUL SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANO M REIS

Name of Person

BODY AND SOUL SOLUTIONS LLC

Firm/Company

5980 WEST SAMPLE RD UNIT 104

Address

CORAL SPRINGS FL 33067

City/State and Zip Code

GLOBALCLIENTRELATIONS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANO M REIS

888 362-5643
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ADRIAN A REIS	8177 WEST GLADES RD 216	<input type="checkbox"/> Add
		BOCA RATON FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONALD R ROTHMAN	8177 WEST GLADES RD 216	<input type="checkbox"/> Add
		BOCA RATON FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADDRIAN REIS	8177 WEST GLADES RD 216	<input type="checkbox"/> Add
		BOCA RATON FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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10:00
Remove
Change
Add
Remove

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 16, 2018

Adriano M. Reis

Signature of a member or authorized representative of a member

ADRIAN M REIS

A.R.
~~ADRIANO~~ Reis

ADRIANO Reis

Typed or printed name of signee